

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

Arm-Iwr- 11/04 January 2006



## Wisconsin Department of Agriculture, Trade and Consumer Protection

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### Worksheet 3 – Waste and Nutrient Management

#### Part A. Waste Generation and Storage Summary

**Instructions:** You must complete Parts A and B of this worksheet. If your *livestock facility* will have fewer than 500 *animal units* you may be exempt from Part C, depending on results of Part B. If Part C applies, it must be signed by a *qualified nutrient management planner* (you must also sign).

You are NOT required to complete this worksheet if you already hold a *WPDES permit* for the proposed *livestock facility* (for the same or greater number of *animal units*). Simply check the following box, sign at the bottom of this page, and include a copy of the *WPDES permit* with your application.

☐ I enclose a copy of my *WPDES permit* in place of Worksheet 3.

**Specify a single livestock type** (dairy, beef, swine, etc.). *Use a separate worksheet for each livestock type.*

**Livestock Type:** \_\_\_\_\_

Description of Storage	Column A Waste Storage Capacity (Gallons or Tons)	Column B Source of Waste (Animal Waste, Wastewater, Leachate, etc.)	Column C Average Annual Volume of Waste Produced from Each Source (Gallons or Tons)	Column D Total Average Annual Volume Waste Produced (Gallons or Tons)	Column E Storage Duration in Days (Column A divided by Column D times 365 days)
Example: Unit 1 – lagoon	5,000,000 gallons	Animal waste	4,000,000 gallons	7,000,000 gallons	260 days
		Wastewater	1,000,000 gallons		
		Leachate	2,000,000 gallons		
Unit 1					
Unit 2					
Unit 3					

Applicant affirms that the information provided in Part A is accurate.

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Date

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## Worksheet 3 (continued)

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**Part B – Land Base for Applying Nutrients**

1. Enter total *animal units* in proposed *livestock facility* (from worksheet 1): \_\_\_\_\_.
2. What percentage of the waste from the *livestock facility* will be:
  - a. Applied to land: \_\_\_\_\_%. Attach map showing where waste will be applied to land.
  - b. Processed and sold as commercial fertilizer, under a fertilizer license: \_\_\_\_\_%.
  - c. Disposed of in other ways: \_\_\_\_\_%. Describe ways: \_\_\_\_\_.
3. Multiply the percent in line 2a by the number of *animal units* in line 1. Result (# of *animal units*): \_\_\_\_\_
4. Total acres of cropland currently available for land application (owned, rented, or landspreading agreement): \_\_\_\_\_
5. Divide # of acres in line 4 by # of *animal units* in line 3 to obtain ratio of acres to *animal units*: \_\_\_\_\_
6. Is the ratio in line 5 equal to or greater than the applicable ratio in Table 1? \_\_\_\_\_  
 If YES, and if the # of *animal units* in line 1 is less than 500, you need NOT complete Part C.  
 Otherwise, complete Part C.

**Table 1: Acreage per *Animal Unit***

Animal Type	Acres per <i>Animal Unit</i> *
Dairy	1.5
Beef	1.5
Swine	1.0
Chickens/Ducks	2.5
Turkeys	5.5
Sheep/Goats	2.0

\* NOTE: A *livestock facility* is NOT required to attain or exceed this ratio of acres to *animal units*. But IF your *livestock facility* will attain or exceed this ratio and will have fewer than 500 *animal units*, you need NOT complete Part C of this worksheet.

Applicant affirms that the information provided in Part B is accurate.

\_\_\_\_\_  
Signature of Applicant or Authorized Representative\_\_\_\_\_  
Date

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Part C – Nutrient Management Checklist			
<b>Instructions:</b> All applicants must submit this checklist unless exempted under Part A or B. The checklist is based on the NRCS Technical Guide Nutrient Management Standard 590 (September, 2005).			
County Name:	Date Submitted:	Township (T. N., S.) – (R. E., W.)	
Cropland Acres: (owned, rented, or with manure spreading agreement)		Name of livestock operator submitting checklist:	
		Yes	NA
<b>1. Are the following field features identified on maps or aerial photos?</b>			
a) Field location, soil survey map unit(s), field boundary, and field identification number.			
b) Areas prohibited from receiving nutrient applications: Surface water, established concentrated flow channels with perennial cover, permanent non-harvested vegetative buffer, non-farmed wetlands, sinkholes, lands where established vegetation is not removed, nonmetallic mines, and fields eroding at a rate exceeding tolerable soil loss (T).			
c) Areas within 50 ft of a potable drinking water well where mechanically-applied manure is prohibited.			
d) Areas prohibited from receiving winter nutrient applications: Slopes > 9% (12% if contour-cropped); Surface Water Quality Management Area (SWQMA) defined as land within 1,000 ft of lakes and ponds or within 300 ft of perennial streams draining to these waters, unless manure is deposited through winter gleaning/pasturing of plant residue and not exceeding the N and P requirements of this standard.			
e) Areas where winter applications are restricted unless effectively incorporated within 72 hours: Land contributing runoff within 200 ft upslope of direct conduits to groundwater such as a well, sinkhole, fractured bedrock at the surface, tile inlet, or nonmetallic mine.			
f) Sites vulnerable to N leaching: Areas within 1,000 ft of a municipal well, and soils listed in Appendix 1 of the Conservation Planning Technical Note WI-1.			
<b>2. Are erosion controls implemented so the crop rotation will not exceed T on fields that receive nutrients according to the conservation plan or WI P Index model?</b>			
<b>3. Check the methods below used to determine field soil nutrient levels:</b>			
a) Soil samples were collected and analyzed within the last 4 years according to UW Publication A2100 recommendations.			
b) For fields not meeting (a.) above, soil test phosphorus levels are assumed to be greater than 100 ppm soil test P. *			
c) For fields not meeting (a.) above, preliminary estimates of soil nutrients were determined using limited soil sampling (> 5 acre per sample) but analyzed by a DATCP certified laboratory. *			
*For fields with soil nutrient levels determined under (b) or (c), the applicant must collect and analyze soil samples meeting the requirements of A2100 within 12 months of siting approval, and revise the nutrient management plan accordingly.			
<b>4. Using the field's predominant soil series and realistic yield goals, are planned nutrient application rates, timing, and methods of all forms of N, P, and K listed in the plan and consistent with UW Publication A2809, Soil Test Recommendations for Field, Vegetable and Fruit Crops, and the 590 standard?</b>			
<b>5. Do manure production and collection estimates correspond to the acreage needed in the plan? Are manure application rates realistic for the calibrated equipment used?</b>			
<b>6. Is a single phosphorus (P) assessment of either the P Index or soil test P management strategy uniformly applied to all fields within a tract?</b>			
<b>7. Are areas of concentrated flow, resulting in reoccurring gullies, planned to be protected with perennial vegetative cover?</b>			
<b>8. Will nutrient applications on non-frozen soil within the SWQMA comply with the following?</b>			
a) Unincorporated liquid manure on unsaturated soils will be applied according to Table 1 of the 590 standard to minimize runoff.			
b) One or more of the following practices will be used: 1) Install/maintain permanent vegetative buffers, or 2) Maintain greater than 30% crop residue or vegetative coverage on the surface after nutrient application, or 3) Incorporate nutrients leaving adequate residue to meet tolerable soil loss, or 4) Establish fall cover crops promptly following application.			
<b>9. Is a narrative included which describes proposed manure collection, transportation, and application methods?</b>			

I certify that the documentation supporting this checklist is complete and accurate:

Signature of *Qualified Nutrient Management Planner*, other than applicant: \_\_\_\_\_  
(qualified by 1. NAICC-CPCC, 2. ASA-CCA, 3. ASA-Professional Agronomist, 4. SSSA-Soil Scientist)

Signature of Applicant or Authorized Representative: \_\_\_\_\_